

STATE MS.-DESOTO CO.
FILED

AFFIDAVIT & CERTIFICATE OF DEATH

INDEXING INSTRUCTION: Northwest Quarter of Section 2, Township
3 South, Range 7 WestAffidavit to prove death of joint tenant with right of survivorship and to establish title in surviving
joint tenant.STATE OF MISSISSIPPI
COUNTY OF DESOTOSTATE MS.-DESOTO CO.
FILED

AUG 21 1 42 PM '95

This day personally appeared before me, a notary public and for this jurisdiction, Roy H.

Taylor, Jr., who, having been duly sworn, states as follows:

1. I am Roy H. Taylor, Jr., one of the grantees in a Warranty Deed dated October 14, 1987, executed by Roy H. Taylor, Jr. and Janice F. Taylor and recorded on October 19, 1987 in Book 199, Page 551 records of Warranty Deeds in the Chancery Clerk's Office of Desoto County, Mississippi.

2. The Warranty Deed conveyed real property to me and to my former wife, Janice F. Taylor, as tenants by the entirety with full rights of survivorship.

3. The property conveyed by the Warranty Deed is described as follows:

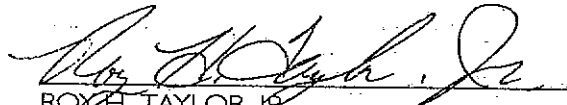
The following described land lying and being situated in Section 2, Township 3 South, Range 7 West, DeSoto County, Mississippi:

Begin at the northwest corner of Section 2, Township 3 South, Range 7 West; thence South 04 degrees 50 minutes 00 seconds East 221.87 feet (measured) with the westerly line of said section and along the present centerline of Malone Road to a point; thence North 85 degrees 10 minutes 25 seconds East 40.0 feet; thence South 04 degrees 49 minutes 59 seconds East 253.76 feet (measured) with the easterly line of Malone Road to the True Point of Beginning for the herein described tract; thence South 04 degrees 50 minutes 02 seconds East 184.37 feet (measured) with the easterly line of Malone Road to a point; thence North 85 degrees 10 minutes 00 seconds East 274.79 feet (measured) to a point; thence North 05 degrees 36 minutes 33 seconds West 181.98 feet (measured) to the point; thence South 85 degrees 40 minutes 26 seconds West 272.33 feet (measured) to the point of beginning containing 0.4023 acres of land being subject to all codes, easements and right-of-ways of record.


Initial: RT

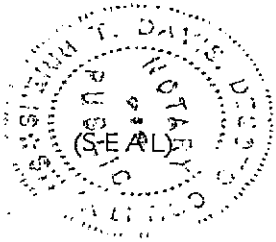
4. My former wife, Janice F. Taylor, tenant by the entirety with me in the ownership of the real property described above, died on January 13, 1992, leaving title to said property vested in me alone.

A certified copy of her death certificate is enclosed as Exhibit "A" to this affidavit.


ROY H. TAYLOR, JR.

Sworn to and subscribed before me this the 21ST day of JUNE, 1995


SHERRI T. DAVIS, Notary Public



My Commission Expires:

March 18, 1996

Address of Affiant:

Roy H. Taylor, Jr.

P. O. Box 541

Hernando, MS 38632

Home: (601) 429-3811

Work: none

PREPARED BY AND, AFTER RECORDING, RETURN TO:

CHRISTIAN GOELDNER

ATTORNEY AT LAW

PROFESSIONAL ASSOCIATION

P. O. BOX 1468

SOUTHAVEN, MISSISSIPPI 38671-1468

(601) 342-7700

Initial: 

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
 CERTIFICATE OF DEATH

BOOK 289 PAGE 390
 STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Janice F. Taylor				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) 1-13-1992	
4. SOCIAL SECURITY NUMBER (of Decedent) 426-92-6449		5a. AGE - LAST BIRTHDAY (Years) 50		5b. UNDER 1 YEAR MOSE DAYS		5c. UNDER 1 DAY HOURS MIN.	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		7. BIRTHPLACE (City and State or Foreign Country) Memphis, Tn.		8. DATE OF BIRTH (Month, Day, Year) 3-1-1941			
9a. PLACE OF DEATH (Check only one) 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DCA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)				9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital, Central			
10. MARRITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married				11. SURVIVING SPOUSE (If wife, give maiden name) Roy Taylor		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	
12b. KIND OF BUSINESS/INDUSTRY Home				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
13a. RESIDENCE—STATE Ms.		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Hernando		13d. STREET AND NUMBER OR RURAL LOCATION 100 S. Malone Road	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38632		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: <input type="checkbox"/> Yes 0 <input checked="" type="checkbox"/> No		15. RACE—American Indian, Black, White, etc. (Specify) White	
17. FATHER'S NAME (First, Middle, Last) Maurice Fancher				18. MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Taylor Wallace			
19a. INFORMANT'S NAME (Type/Print) Roy Taylor				19b. RELATIONSHIP TO DECEASED Husband		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 100 S. Malone Rd., Hernando, Ms. 38632	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memory Hill Gardens		20c. LOCATION—City or Town, State Memphis, Tn.			
21a. SIGNATURE OF FUNERAL DIRECTOR Greg Delancey		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4201		21c. SIGNATURE OF EMBALMER Terry Turner		21d. LICENSE NUMBER OF EMBALMER 4022	
22a. NAME AND ADDRESS OF FUNERAL HOME Memphis Funeral Home, 5599 Poplar, Memphis, Tn. 38119				22b. LICENSE NUMBER OF FUNERAL HOME 416			
23. REGISTRAR'S SIGNATURE Patti Moore Deputy				24. DATE FILED (Month, Day, Year) January 23, 1992			
25a. PHYSICIAN—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Van Wells MD				25b. LICENSE NUMBER MD 4117 Tn.		25c. DATE SIGNED (Month, Day, Year) 1/17/92	
26a. MEDICAL EXAMINER—On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Van Wells, 176 S. Bellevue, Memphis, Tn. 38104							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Squamous Cell Carcinoma of the Lung with brain metastasis Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Squamous Cell Carcinoma of the Lung b. due to (OR AS A CONSEQUENCE OF): c. due to (OR AS A CONSEQUENCE OF): d. due to (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		31d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BIRTH NO.

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Tennessee Vital Records, Department of Health and Environment by the Memphis & Shelby County Health Department.

DEPARTMENT SEAL

Date Issued

JAN 27 1992

Bobbie Fritchie

Bobbie Fritchie, Registrar
Vital Records Section